**Application or Docket Number** 

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I   |                      |                                  |                            |             |                                  |                  | SMALL ENTITY        |                        |               | OTHER THAN     |                        |  |
|--|----------------------|----------------------------------|----------------------------|-------------|----------------------------------|------------------|---------------------|------------------------|---------------|----------------|------------------------|--|
| <u> </u>   |                      |                                  | <del></del>                | Column 1)   |                                  | ımn 2)           | TYPE                | TYPE                   |               | SMALL          |                        |  |
| FOR  |                      |                                  | NUMBE                      | ER FILED    | NUMBER                           | EXTRA            | RATE                | FEE                    | ]             | RATE           | FEE                    |  |
| BASIC FEE  |                      |                                  |                            | 47 <b>3</b> | S. C. C.                         |                  | S. Marie            | 345.00                 | OR            | i karis s ik   | 690.00                 |  |
| TOTAL CLAIMS   |                      |                                  | 50                         | minus 2     | 20= * 37                         | )                | X\$ 9=              |                        | OR            | X\$18=         | 540                    |  |
| INDEPENDENT CLAIMS // minus 3 = *  |                      |                                  |                            |             |                                  | ,                | X39=                |                        | OR            | X78=           | 624                    |  |
| MULTIPLE DEPENDENT CLAIM PRESENT   |                      |                                  |                            |             |                                  |                  | +130=               |                        | OR            | +260=          |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2   |                      |                                  |                            |             |                                  |                  | TOTAL               |                        | OR            | TOTAL          | 1654                   |  |
| CLAIMS AS AMENDED - PART II  |                      |                                  |                            |             |                                  |                  | SMALLI              | ENTITY                 | OR            | OTHER<br>SMALL |                        |  |
| <u> </u>   |                      | CL                               | lumn 1)<br>LAIMS           |             | (Column 2)<br>HIGHEST            | (Column 3)       | J                   | ADDI-                  | 1 [           | 3111722        | ADDI-                  |  |
| AMENDMENT A  |                      | AF                               | MAINING<br>FTER<br>NDMENT  |             | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | TIONAL<br>FEE          |               | RATE           | TIONAL<br>FEE          |  |
| NDM  | Total                | *                                |                            | Minus       | **                               | =                | X\$ 9=              |                        | OR            | X\$18=         |                        |  |
| AME  | Independent          | *                                |                            | Minus       | ***                              | =                | X39=                | · -                    | OR            | X78=           |                        |  |
|  | FIRST PHESE          | MIAIIC                           | )N OF MIC                  | JLTIPLE DEF | PENDENT CLAIM                    |                  | +130=               |                        | OR            | +260=          |                        |  |
|  |                      | ř                                |                            |             |                                  |                  | TOTAL               |                        | OR            | TOTAL          |                        |  |
| ľ  |                      | (Column 3)                       | ADDIT. FEE                 | _           | ,                                | ADDIT. FEE       | <u> </u>            |                        |               |                |                        |  |
| ~i   |                      | CL                               | LAIMS                      |             | (Column 2)                       |                  |                     | ADDI-                  |               |                | ADDI-                  |  |
| ENT B  |                      | AF                               | MAINING<br>FTER<br>NDMENT  |             | NUMBER PREVIOUSLY PAID FOR       | PRESENT<br>EXTRA | RATE                | TIONAL<br>FEE          |               | RATE           | TIONAL<br>FEE          |  |
| <b>AMENDMENT</b>   | Total                | *                                |                            | Minus       | **                               | =                | X\$ 9=              |                        | OR            | X\$18=         |                        |  |
| AME  | Independent          | *                                | OF MI                      | Minus       | *** PENDENT CLAIM                | =                | X39=                |                        | OR            | X78=           |                        |  |
| _  | PIHOI PHESE          | NIAIIC                           | )N OF IVIC                 | JLIPLE DEI  | ZENDENT CLAUV                    |                  | +130=               |                        | OR            | +260=          |                        |  |
|  |                      |                                  |                            |             |                                  |                  | TOTAL<br>ADDIT. FEE |                        |               | TOTAL          | ÷                      |  |
|  |                      | (Column 1) (Column 2) (Column 3) |                            |             |                                  |                  |                     |                        | O ,           | ADDIT. FEE     |                        |  |
|  |                      | CL                               | AIMS                       |             | HIGHEST                          | (Column 3)       |                     | * DDI                  | ſ             | · ·            | 4001                   |  |
| ENT C  |                      | AF                               | IAINING<br>FTER<br>NDMENIT |             | NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |               | RATE           | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total                | •                                |                            | Minus       | **                               | =                | X\$ 9=              |                        | OR            | X\$18=         | ,                      |  |
| AME  | Independent          | *                                |                            | Minus       | ***                              | =                | X39=                |                        | OR            | X78=           |                        |  |
|  | FIRST PRESE          | NTATIO                           | N OF MU                    | ILTIPLE DEP | PENDENT CLAIM                    |                  |                     |                        | <sup>07</sup> | <del></del>    |                        |  |
| * Ji   | f the entry in colun | umn 3.                           | +130=                      |             | OR                               | +260=            |                     |                        |               |                |                        |  |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL ADDIT. FEE  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                      |                                  |                            |             |                                  |                  |                     |                        |               |                |                        |  |